

EXHIBIT XX

CHARGE F DISCRIMINATION		AGENCY <input type="checkbox"/> FEPA <input checked="" type="checkbox"/> EEOC	CHARGE NUMBER <i>Amended</i> 120980900
This form is affected by the Privacy Act of 1974; See Privacy Act Statement before completing this form.			
MD. Commission on Human Relations <i>State or local Agency, if any</i>		and EEOC	
NAME (Indicate Mr., Ms., Mrs.) Mrs. Kathy C. Koch		HOME TELEPHONE (Include Area Code) (301) 596-1011	
STREET ADDRESS 6172 Devon Drive, Columbia, MD 21044		CITY, STATE AND ZIP CODE DATE OF BIRTH 04/18/47	
NAMED IS THE EMPLOYER, LABOR ORGANIZATION, EMPLOYMENT AGENCY APPRENTICESHIP COMMITTEE, STATE OR LOCAL GOVERNMENT AGENCY WHO DISCRIMINATED AGAINST ME (If more than one list below.)			
NAME L A Weight Loss Centers		NUMBER OF EMPLOYEES, MEMBERS Cat D (501 +)	TELEPHONE (Include Area Code) (215) 328-9250
STREET ADDRESS 255 Business Center Drive, Suite 150, Horsham, PA 19044		CITY, STATE AND ZIP CODE COUNTY 091	
NAME		TELEPHONE NUMBER (Include Area Code)	
STREET ADDRESS		CITY, STATE AND ZIP CODE COUNTY	
CAUSE OF DISCRIMINATION BASED ON (Check appropriate box(es)) <input type="checkbox"/> RACE <input type="checkbox"/> COLOR <input type="checkbox"/> SEX <input type="checkbox"/> RELIGION <input type="checkbox"/> NATIONAL ORIGIN <input checked="" type="checkbox"/> RETALIATION <input type="checkbox"/> AGE <input type="checkbox"/> DISABILITY <input type="checkbox"/> OTHER (Specify)		DATE DISCRIMINATION TOOK PLACE EARLIEST 03/06/98 LATEST 03/12/98 <input type="checkbox"/> CONTINUING ACTION	
THE PARTICULARS ARE (If additional space is needed, attach extra sheet(s)): I. I was hired as an Area Corporate Trainer on October 17, 1997, and because I complained that about the employer's failure to hire qualified male applicants, I was disciplined (March 06, 1998) and discharged (March 12, 1998). II. I was informed that I was disciplined because of ineffective training. No reason was given for the discharge. III. I believe that I have been discriminated against, because of retaliation for opposing a protected activity, in violation of Section 704(a) of Title VII of the Civil Rights Act of 1964, as amended.			
<input type="checkbox"/> I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or telephone number and cooperate fully with them in the processing of my charge in accordance with their procedures. I declare under penalty of perjury that the foregoing is true and correct. <i>Kathy Koch</i> Date: 6/22/98 Charging Party (Signature)		NOTARY - (When necessary for State and Local Requirements) I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief. SIGNATURE OF COMPLAINANT <i>Kathy Koch</i> SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE (Day, month, and year)	

EEOC FORM 5 (Rev. 06/92)

RESPONDENT'S COPY

EEOC 00043

EEOC-000043

CHARGE F.D. CRIMINATION		AGE	CHARGE NUMBER
This form is affected by the Privacy Act of 1974; See Privacy Act Statement before completing this form.		<input type="checkbox"/> FEPA <input checked="" type="checkbox"/> EEOC	120980900
<u>MD. Commission on Human Relations</u> State or local Agency, if any		and EEOC	
NAME (Indicate Mr., Ms., Mrs.) <u>Mrs. Kathy C. Koch</u>		HOME TELEPHONE (Include Area Code) (301) 596-1011	
STREET ADDRESS <u>6172 Devon Drive, Columbia, MD 21044</u>		CITY, STATE AND ZIP CODE <u>MD 21044</u>	
DATE OF BIRTH <u>04/18/47</u>		NAMED IS THE EMPLOYER, LABOR ORGANIZATION, EMPLOYMENT AGENCY APPRENTICESHIP COMMITTEE, STATE OR LOCAL GOVERNMENT AGENCY WHO DISCRIMINATED AGAINST ME (If more than one list below.)	
NAME <u>L A Weight Loss Centers</u>		NUMBER OF EMPLOYEES, MEMBERS <u>Cat D (501 +)</u>	TELEPHONE (Include Area Code) (215) 328-9250
STREET ADDRESS <u>255 Business Center Drive, Suite 150, Horsham, PA 19044</u>		CITY, STATE AND ZIP CODE <u>PA 19044</u>	
NAME		COUNTY <u>091</u>	
STREET ADDRESS		TELEPHONE NUMBER (Include Area Code)	
CITY, STATE AND ZIP CODE		COUNTY	
CAUSE OF DISCRIMINATION BASED ON (Check appropriate box(es))		DATE DISCRIMINATION TOOK PLACE	
<input type="checkbox"/> RACE <input checked="" type="checkbox"/> RETALIATION <input type="checkbox"/> COLOR <input type="checkbox"/> AGE <input type="checkbox"/> SEX <input type="checkbox"/> DISABILITY <input type="checkbox"/> RELIGION <input type="checkbox"/> OTHER (Specify) <input type="checkbox"/> NATIONAL ORIGIN		EARLIEST <u>10/24/97</u> LATEST <u>03/12/98</u> <input type="checkbox"/> CONTINUING ACTION	
THE PARTICULARS ARE (If additional space is needed, attach extra sheet(s)):			
I. I was hired as an Area Corporate Trainer on October 17, 1997, and because I complained that about the employer's failure to hire qualified male applicants, I was disciplined (March 06, 1998) and discharged (March 12, 1998). II. I was informed that I was disciplined because of ineffective training. No reason was given for the discharge. III. I believe that I have been discriminated against, because of retaliation for opposing a protected activity, in violation of Section 704(a) of Title VII of the Civil Rights Act of 1964, as amended.			
RECEIVED BALTO. DIST. OFFICE EEOC 1998 JUN -8 A 10:13			
<input type="checkbox"/> I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or telephone number and cooperate fully with them in the processing of my charge in accordance with their procedures. I declare, under penalty of perjury that the foregoing is true and correct.		NOTARY (When necessary for State and Local Requirements) I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.	
Date: <u>6/19/98</u> Charging Party (Signature) <u>Kathy C. Koch</u>		SIGNATURE OF COMPLAINANT SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE (Day, month, and year)	

EEOC FORM 5 (Rev. 06/92)

RESPONDENT'S COPY

EEOC 00044

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